



OFFICE OF THE ATTORNEY GENERAL

Lawrence G. Wasden

Consumer Protection Unit

Attention: Tobacco Enforcement

650 W. State Street, Lower Level

P. O. Box 83720

Boise, ID 83720-0010

Phone: (208) 334-2424

**NON-PARTICIPATING MANUFACTURER'S (NPM) APPOINTMENT OF REGISTERED AGENT
FOR STATE OF IDAHO AND REGISTERED AGENT'S STATEMENT**

NON-PARTICIPATING TOBACCO MANUFACTURERS:

The undersigned Non-Participating Manufacturer ("NPM") _____ hereby appoints _____ as its registered agent to receive service of process on its behalf. NPM agrees to do the following: (1) provide notice to the Office of the Attorney General for the State of Idaho ("Attorney General") at least 30 calendar days prior to termination of the authority of the registered agent; and (2) provide proof to the satisfaction of the Attorney General of the appointment of a new agent at least five calendar days prior to the termination of an existing agent appointment. NPM further agrees that if the agent terminates its agency appointment, NPM shall provide notice to the Attorney General of the termination within five calendar days and shall include proof to the Attorney General of the appointment of a new agent.

Under penalty of perjury, I certify and declare that all of the statements and information contained in this Certification, including attachments, if any, are true, correct, accurate and complete in every particular, and that I am a person authorized, either under the laws of the State of Idaho or of the jurisdiction where the manufacturer resides or is organized, to bind the NPM making this Certification. **Any violation of the requirements of Idaho Code § 39-8404 is a basis for removal of the NPM and its Brand Families from the Directory of Compliant Tobacco Product Manufacturers and Brand Families.**

**** This Certification must be signed and dated before an authorized notary public ****

Signature of Designee for NPM: _____

Designee (Print Name): _____ **Title:** _____

Principle Place of Business (physical address): _____

STATE OF _____ }

COUNTY OF _____ }

COUNTRY OF _____ }

On _____ before me, _____, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature: _____ My Commission expires: _____

NAME AND ADDRESS OF IDAHO STATE REGISTERED AGENT:

Name: _____

Street Address (*Required – **Must be within Idaho***): _____

P. O. Box (*Optional – Must be in same city as street address*): _____

City & State: _____ Zip Code: _____

Telephone: _____ FAX: _____ E-mail: _____

I consent to serve as Registered Agent in the State of Idaho for the NPM named herein, pursuant to Idaho Code § 39-8404. I understand it will be my responsibility to receive Service of Process on behalf of the NPM; to forward mail to the NPM; and to immediately notify the Office of the Attorney General if I resign or change the office address of the Registered Agent.

**** This Certification must be signed and dated before an authorized notary public ****

Registered Agent Signature: _____ Date: _____

Registered Agent Printed Name: _____ Title: _____

STATE OF _____ }
COUNTY OF _____ }
COUNTRY OF _____ }

On _____ before me, _____, personally appeared _____
_____, personally known to me (or proved to me on the basis of satisfactory evidence) to be
the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they
executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
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